
Division of Family Resource and Youth Services Centers

Trainer's Credential Application

Please type or print clearly and complete all sections.

Check one: ☐ New ☐ Renewal ☐ Update

I. PERSONAL INFORMATION

Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____

Birth date: ____/____/____ Home phone: _____

Home address: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____

Place of employment: _____

Work address: _____

City: _____ County: _____ State: _____ Zip: _____

Work phone: _____

Email address: _____

Address preference for mail: ☐ Home ☐ Work

Would you allow your work phone to be published so interested parties may contact you for training?

☐ Yes ☐ No

Would you allow your email address to be published so interested parties may contact you for training?

☐ Yes ☐ No

II. FORMAL EDUCATION INFORMATION

Applicants must provide a copy of a current resume that includes degrees, certifications and credentials with this application. The Division of Family Resource and Youth Services Centers reserves the right to request additional information.

III. FRYSC TRAINING TOPICS

Please provide us with topics that you would like to present on:

IV. FRYSC TRAINING DOMAINS

Please select which of the following domain(s) your training addresses.

- ☐ Center Operations
- ☐ Leadership Skills
- ☐ Social and Emotional Needs
- ☐ Educational System and Academic Needs
- ☐ Family Development
- ☐ Child/Youth Health and Development Needs
- ☐ Specialty (describe) _____

V. BEFORE SUBMITTING, CHECK TO MAKE SURE THE FOLLOWING ARE COMPLETE:

- ☐ Selected New, Renewal or Update
- ☐ Completed all blanks on application form
- ☐ Attached a current resume
- ☐ Included signature

Note: Incomplete forms may delay the approval process.

VI. CERTIFICATION

I certify that all information provided and attached to my application is true and correct.

Signature of applicant: _____

Date signed: _____

VII. SUBMISSION

Send the completed application and your resume to:

DFRYSC
Attn: Melissa Newton
275 E. Main St., 3C-G
Frankfort, KY 40601

If you have questions, contact Melissa Newton, DFRYSC Training Specialist, at melissa.newton@ky.gov or (502) 564-4986, ext. 3843.

OFFICE USE ONLY

Date received: _____

Renewal date: _____